

L21000412994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

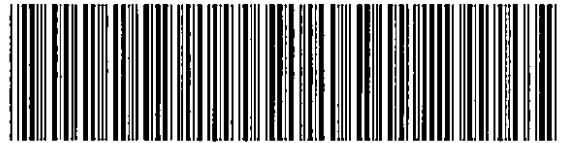
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JAN 31 PM 3:02

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FEB 06 2024

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Gary Player Design LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lezlie Westover  
Name of Person

Firm/Company

118 Springwater Drive  
Address

Dupont FL 32158  
City/State and Zip Code

lgwestover@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Throssell at ( 561 ) 677-0161  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 8, 2024

LEZLIE WESTOVER  
118 SPRINGWATER DDRIVE  
JUPITER, FL 33458

SUBJECT: GARY PLAYER DESIGN LLC  
Ref. Number: L21000412994

We have received your document for GARY PLAYER DESIGN LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

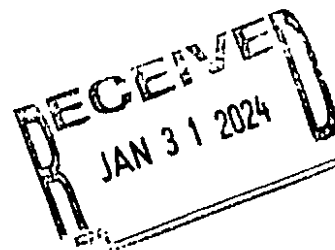
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 224A00000412



**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Harry Player Design LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

19950 Beach Road 4S  
Tequesta, Fla 33469

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

19950 Beach Road 4S  
Tequesta, Fla 33469

3. 9-17-21  
Date of filing/registration in Florida

4. L21000412994  
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

JAMES W THROSSSELL  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
19950 Beach Road 4S  
Tequesta, FL 33469

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Lezlie Westover  
NEW Registered Office Address:  
118 Springwater Drive  
Jupiter, FL 33458

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

JAMES THROSSSELL - Manager  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

**FILED**  
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TALLAHASSEE, FL